12030863427

STATEMENT OF

RECEIVED

FORM 1	ORGANIZATION					2012 JUL 31	AM 8: 19
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example over the	If typing, type lines.	12FE4M	IS	- CENTER
Go Citize	ns P	AC USA			11111		
	1111	400 5 0000					
ADDRESS (number and street)		100 E. Campus View Boulevard					
(Check if address is changed)		Suite 250	1 1 1 1			40005	
		Columbus	1111	لىسا	OH	43235)
			CITY		STATE	ZIP	CODE
COMMITTEE'S E-MA	AIL ADDRES	SS (Please provide only one					
(Check if	address	admin@go	citizens	pacusa	.org ,	<u> </u>	
is changed)		1			1.1.1.		
COMMITTEE'S WEE	B PAGE ADI	DRESS (URL)					
www.gpcitizenspacusa.org							
(Check if address is changed)							
2. DATE 07	7 26	2012.					
3. FEC IDENTIFIC	CATION NU	JMBER C		ekangalengguinningenamin - -			
4. IS THIS STATE	MENT X	NEW (N) OR		AMENDED (A)			
I certify that I have	examined th	nis Statement and to the be	est of my know	rledge and belief	it is true, com	ect and complet	e.
Type or Print Name	of Treasure	Richard J.	<u>Vara</u>				
Signature of Treasur	er	Lichard	[Varey	From	Date O	7 62	2012
NOTE: Submission of		ous, or incomplete information		_			of 2 U.S.C. §437g.
Office Use Only			Fed Toll	further information eral Election Commis Free 800-424-9530 al 202-694-1100			FORM 1 d 02/2009)